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REISSUE APPLICATION DECLARATION B	Y THE ASSIGNEE	Docket Number (optional) FL12-047					
I hereby declare that:							
My residence and mailing address and citizenship are stated below next to my name.							
I am authorized to act on behalf of the following assign	ee: <u>Digideal Cor</u>	poration					
and the title of my position with said assignee is: $-$		·					
The entire title to the patent identified below is vested i		·					
Name of Patentee(s): Steven L. Forte, Randy D.	Sines						
Patent Number 5,934,998	Date of Patent Issued	August 10, 1999					
Title of Invention Blackjack Game System and	l Methods						
I believe said patentee(s) to be the original, first and so	•						
described and claimed in said patent, for which a reiss		e invention entitled ————					
Blackjack Game System and	Mediods						
the specification of which							
X is attached hereto.							
was filed on as reissue ap	plication number ——	/					
(If applicable I have reviewed and understand the contents of the ab		on including the claims as					
amended by any amendment referred to above.	ove identified specification	on, moldaning the claims, as					
I acknowledge the duty to disclose information which is	s material to patentability	as defined in 37 CFR 1.56.					
I verily believe the original patent to be wholly or partly below. (Check all boxes that apply.)	inoperative or invalid, for	r the reasons described					
by reason of a defective specification or drawing) 1.	•					
by reason of the patentee claiming more or less than he had the right to claim in the patent.							
by reason of other errors.							
At least one error upon which reissue is based is desc	ribed as follows:						
Claims to the methods and apparatus patent at column 16, line 33 thrown not presented.	ses described in t						
[Attach additional st	eets, if needed.]	*					
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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hereby appoint the	following attorney(s) and/or a nited States Patent and Trade	gent(s) to prosec	ute this ap	oplicatio rewith.	n and t	ransact
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statements made or were made with the fine and imprisonme jeopardize the validideclaration is directefull name of person Randy D. Si	all statements made hereing information and belief are be knowledge that willful false state, or both, under 18 U.S.C. by of the application, any patered. signing (given name, family mes, Vice-President of the state)	elieved to be true tatements and the 1001, and that su ant issuing thereo	; and further like so much willful fands, or any p	er that t hade are alse sta patent to	hese st punish tement	atements nable by s may this
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